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APPLICANTS

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** CONTINUING DATA *****
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
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TITLE
 Tissue dispensing cover

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